



## TOWN OF ISLIP DEPARTMENT OF PARKS, RECREATION & CULTURAL AFFAIRS

50 IRISH LANE EAST ISLIP, NY 11730 PHONE (631) 224-5335 TTY (631) 224-5397

Angie M. Carpenter, Supervisor

Thomas Owens, Commissioner

Dear Parking Permit Applicant:

The Town of Islip is pleased to provide you with the application for a Disabled Parking Permit. Please follow all requirements, so there is no delay in processing your application.

### **IMPORTANT INFORMATION**

- **We will not issue any permits without the following:** Your Physician **must** complete the Medical Certification in its entirety, state if your disability is Permanent or Temporary and a doctor's office stamp is required on the application. When certifying this application, the physician **must** provide **an original signature** (signature stamps are not acceptable).
- **Please Note:** Medical Certification may only be completed by a physician, podiatrist, nurse practitioner or physician assistant who are authorized by NYSVTL Section 404-A. A Podiatrist may only certify conditions that constitute a severe disability of the foot. **Medical certification cannot be certified by a chiropractor, physical therapist or nurse.**
- **No Fax copies or Photocopies of the application will be accepted.**
- Please be advised if you have a **valid NYS Driver's License/Non Driver's ID**, a copy is required. If the address is different (or a P.O. box), please provide a piece of mail postdated within the last 6 months, showing your current TOI address (**i.e. medical bills – explanation of benefits, PSEG, bank statement, credit card bill, car ins., car reg.,**). If you do not have a **valid NYS DL/Non DL**, another form of **Photo ID** is required along with current proof of address.
- **P.O. Boxes are not proof of address.**
- In addition, proof of residency is also required for a minor or an applicant over the age of 18 (that cannot sign on their own behalf), along with a copy of the DL/Non DL and or photo ID of the Parent or Guardian who has signed the application.
- **Expired Parking Permits MUST be returned.**

**Special Notice & Caution:** New York State Traffic Law states that this permit be used exclusively in a vehicle in which the person to whom it has been issued is being transported, and such permit shall not be transferable and shall be forfeited, if presented by any other person. Any abuse by any person, facility or agency to whom such a permit has been issued, shall be sufficient cause for revocation of said permit of any privilege, benefit, precedence or consideration granted pursuant to the issuance of such permit. 1 203-c (ii)

If your application is approved, you will receive a blue (permanent) or a red (temporary) plastic permit which is to be hung on your rear view mirror when parked. If you have any questions about the application, please call (631)224-5335 (voice) or (631) 224-5397 (TTY), or you can visit us at 50 Irish Lane, East Islip, NY 11730.

Thank you for your cooperation



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Disabled Parking Permit Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male/Female

Home Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Business Phone: \_\_\_\_\_

I certify that the above information and the statements contained herein are true. I further acknowledge that I have read and understood the conditions of the application and the disabled parking permit.

X \_\_\_\_\_

(Signature of Person with Disability/Signature of Parent or Guardian (**Blue Ink Only**))

\_\_\_\_\_ Date

*\*If signed by a parent or guardian, please state your relationship to the person with the disability after your signature*

**MEDICAL CERTIFICATION: (PLEASE TYPE OR PRINT AND COMPLETE IN ITS ENTIRETY)**

Name of (MD/DO/DPM/NP/PA/OD): \_\_\_\_\_ Professional License # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Diagnosis (Please **NO** abbreviations or office codes): \_\_\_\_\_

**\*A DOCTORS OFFICE STAMP IS REQUIRED ON THIS PAGE \***

☐ **TEMPORARY DISABILITY:** A person with a “temporary disability” is any person who is **TEMPORARILY** unable to ambulate without the aid of an assisting device. Examples of an assisting device include, but are not limited to, a brace, cane, crutch, prosthetic device, another person, wheelchair or walker. **TEMPORARY DISABILITIES**, however, may be certified only by a Medical Doctor or Doctor of Osteopathic Medicine. **IMPORTANT:** Temporary permits are issued for six months or less regardless of expected recovery date.

Expected Recovery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ What assistive device is needed? \_\_\_\_\_

☐ **PERMANENT DISABILITY:** A “severely disabled” person is any person with one or more of the PERMANENT impairments, disabilities or conditions listed below, which limit mobility. **PERMANENT DISABILITIES** may be certified by a Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Physician Assistant (PA), Nurse Practitioner (NP), a Doctor of Podiatric Medicine (DPM, for disabilities related to the foot) or Optometrist (OD, for blindness).

☐ Neuromuscular dysfunction that severely limits mobility ☐ Class III or IV cardiac condition (American Heart Assoc. Standards) ☐ Legally blind

☐ Severely limited in ability to walk due to an arthritic, neurological or orthopedic condition ☐ Limited or no use of one or both legs

☐ Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg of room air at rest ☐ Unable to walk 200 ft. without stopping

☐ Has a physical or mental impairment or condition not listed above which constitutes an equal degree of disability, and which imposes unusual hardship in the use of public transportation and prevents the person from getting around without great difficulty ☐ Uses portable oxygen

X \_\_\_\_\_

Signature of (MD/DO/DPM/NP/PA/OD **ONLY**) (**Blue Ink Only**. Signature Stamp not Acceptable)

\_\_\_\_\_ Date

**For office use only:** New/Temp Renewal/Temp to Perm/ Travel/Damaged Tag Code: \_\_\_\_\_

Permit #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Driver's License#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Prior #: \_\_\_\_\_ Returned: \_\_\_\_\_ Plate #: \_\_\_\_\_ BAS: \_\_\_\_\_